



## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

|  |          |  |
|--|----------|--|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |          | Application Number<br><b>10,619,510</b><br><br>Filing Date<br><b>16 July 2003</b><br><br>First Named Inventor<br><b>Robert MAERZ</b><br><br>Group Art Unit<br><b>3693</b><br><br>Examiner Name<br><b>J. Alpert</b> |
| Total Number of Pages in This Submission   | <b>9</b> | Attorney Docket Number<br><b>044129-002000</b>   |

### ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request.<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i><br><b>PTO Form 1449</b> |
|  |   | Remarks<br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                                      |  |
|--------------------------------------|--|
| Firm<br><i>or</i><br>Individual name | Jeff E. Schwartz, Reg. No. 39,019<br>Nixon Peabody LLP<br>401 9 <sup>th</sup> Street, N.W.<br>Suite 900<br>Washington, D.C. 20004-2128 |
| Signature                            |  <b>STEPHEN HERTZLER, Reg. No. 58,247</b>           |
| Date                                 | November 29, 2006  |

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name